COVER PAGE

Recipient Committee			Date Stamp	CAI	CALIFORNIA ACO
Campaign Statement Cover Page	9				FORM FORM
(Government Code Sections 84200-84216.5)	Statement covers period	od Date of election if applicable:			
	from 10/23/2016	1		Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2016	11/03/2020			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Sommittees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul><li>Officeholder, Candidate Controlled Committee</li><li>State Candidate Election Committee</li></ul>		<ul><li>X Preelection Statement</li><li> Semi-annual Statement</li></ul>		☐ Quarterly Statement ☐ Special Odd-Year Re	Quarterly Statement Special Odd-Year Report
( ) Recall (Also Complete Part 5)	<ul> <li>○ Controlled</li> <li>○ Sponsored</li> </ul>	☐ Termination Statement (Also file a Form 410 Termination)	ermination)	Supplementa	Supplemental Preelection
General Purpose Committee	(Also Complete Part 6)	X Amendment (Explain below)	elow)		7 CI
Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee	per FPPC inquiry correct loan	rect loan		JUL. YTI
O Political Party/Central Committee	(Also Complete Part 7)				31 CLE
3. Committee Information	I.D. NUMBER 1390966	Treasurer(s)			P. RK.
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	VO COMMITTEE)	NAME OF TREASURER			M SA
Mike Cordero for Council 2020		Trent Benedetti			12 OF
		MAILING ADDRESS			
		2151 S College Dr Ste 101	101		lg CE
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
2151 S College Dr Ste 101		Santa Maria	es S	93455	(805)922-4881
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Santa Maria	CA 93455 (805)922-4881	1			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	TREET OR P.O. BOX	MAILING ADDRESS			ŝ

RECEIVED

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

CITY

AREA CODE/PHONE

ZIP CODE

STATE

CIT.

OPTIONAL: FAX / E-MAIL ADDRESS

The Menado	Signature of Treasurer or Assistant Treasurer	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible	Dy Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidale, State Measure Proponent
Everythed on 775'C	Executed on 7-2 4-17	Executed on Date	Executed on Date	Executed on

Measure Proponent or Responsible Officer of Sponsor

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016) of Controlling Officeholder, Candidate, State Measure Proponent

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. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF City Council Member	CT NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER	JURISDICTION	18 D	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	CITY STATE ZIP	Identify the controlling officeholder candidate or state measure proponent if any	holder candidate or state	measure pro	nonent if any
1324 Ruby Ct. Sa	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPONENT		
Related Committees Not Included in this Statement:	atement: Tist any committees				
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	or are primarily formed to receive indidacy.	OFFICE SOUGHT OR HELD	SIG	DISTRICT NO. IF ANY	Ϋ́
COMMITTEE NAME	I.D. NUMBER		-		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	date/Officeholder Comr or which this committee is prii	nittee List ı narily formed.	lames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)				
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	ssary	

	Sta	from	
	Amounts may be rounded to whole dollars.		
Composing Disclosure Statement	Callipaigh Disclosure Statement		

Campaign Disclosure Statement			SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA ARD
		from 10/23/2016	FORM 1
SEE MSTELICTIONS ON BEVERSE		through 12/31/2016	Page 3 of 5
NAME OF FILER			I.D. NUMBER
Mike Cordero for Council 2020			1390966

Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Flections	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections
	00.00	\$ 11,500.00	1/1 thr	1/1 through 6/30 7/1 to Date
2. Loans Received	00.00	\$ 11,525.00	20. Contributions Received \$	€
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	Ires	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4	00.00	\$ 11,525.00	Made \$	\$
Expenditures Made			Expenditure Limit Summary for State	ummary for State
6. Payments Made Schedule E, Line 4	\$ 1,678.80	\$ 3,037.45	Candidates	
7. Loans Made Schedule H, Line 3		0	22. Cumulative	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	\$ 1,678.80	\$ 3,037.45	(If Subject to \	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3	00.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	0.00	00.00	(minn/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 1,678.80	\$ 3,037.45		₩
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 10,166.35	To calculate Column B. add		
13. Cash Receipts	0.00	amounts in Column A to the		
to Cash	0.00	corresponding amounts from Column B of your last	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
-	1,678.80	report. Some amounts in		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$,487.55	figures that should be		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	8	from Lines 2, 7, and 9 (if any).		

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_

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Amounts may be rounded

SCHEDULE E Statement covers period

Payments Made	from 10/23/2016	FORM
SEE INSTRUCTIONS ON REVERSE	through 12/31/2016	Page 4 of 5
NAME OF FILER		I.D. NUMBER
Wike Ordero for Council 2020		1390966

airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Carlo of the company		for the first of the second of		
campaign paraphemalia/misc.	MBR	MBR member communications	RAD	RAD radio airtime and production costs
campaign consultants	MTG	MTG meetings and appearances	Æ	RFD returned contributions
contribution (explain nonmonetary)*	ဝ	OFC office expenses	SAL	SAL campaign workers' salaries
civic donations	ᇤ	petition circulating	旦	t.v. or cable airtime and production costs
candidate filing/ballot fees	옾	phone banks	TRC	TRC candidate travel, lodging, and meals
fundraising events	집	polling and survey research	TRS	staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	So	postage, delivery and messenger services	TST.	transfer between committees of the same
legal defense	8	PRO professional services (legal, accounting)	VOT	VOT voter registration
opening literature on mollings	Taa	orint ade	WIEB	WFB information technology costs (internet e-m

			WEB information technology costs (internet, e-mail)	
OFC office expenses PET petition circulating	PHO phone banks POL polling and survey research	POS postage, delivery and messenger services PRO professional services (legal, accounting)	PRT print ads	
CTB contribution (explain nonmonetary)* CVC civic donations	FIL candidate filing/ballot fees FND fundraising events	IND independent expenditure supporting/opposing others (explain)* LEG legal defense		

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AN	AMOUNT PAID
Santa Maria Times 3200 Skyway Drive Santa Maria, CA 93455	PRT			1,117.00
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			199.50
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			307.20
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on Sch		SUBTOTAL\$	1,623.70

# Schedule E Summary

. \$ 1,678.80	00.00
1. Itemized payments made this period. (Include all Schedule E subtotals.)	2. Unitemized payments made this period of under \$100

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<sup>1,678.80</sup> 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made Schedule E

ĕ CALIFORNIA FORM Page 5 Statement covers period 10/23/2016 12/31/2016 through\_ from

<sub>1</sub> I.D. NUMBER Amounts may be rounded to whole dollars.

55.10 55.10 transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) 1390966 campaign workers' salaries t.v. or cable airtime and production costs **SUBTOTAL \$** staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT SAL SAL TRS TSF VOT WEB RAD postage, delivery and messenger services professional services (legal, accounting) R polling and survey research meetings and appearances \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. member communications CODE PRO petition circulating office expenses phone banks print ads independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER) Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455 contribution (explain nonmonetary)\* Mike Cordero for Council 2020 campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees SEE INSTRUCTIONS ON REVERSE NAME OF FILER campaign consultants fundraising events civic donations legal defense O. S=문물일5 CTB

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

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Recipient Committee  Campaign Statement  Cover Page			Date Stamp	CALIFORN	CALIFORNIA 460 FORM	
	Statement covers period from 09/25/2016	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 7 For Official Use Only	
EE INSTRUCTIONS ON REVERSE	through10/22/2016	11/03/2020				
. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:				
Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termination)	C mination)	Special Odd-Year Report  Supplemental Prefection— Statement - Attach Form (995)	12	
General Purpose Committee     Sponsored     Small Contributor Committee	(Also Complete Parto)  Primarily Formed Candidate/ Officeholder Committee	X Amendment (Explain below) per FPPC inquiry correct loan	slow) rect loan	CLER OF S	31	-051
O Political Party/Central Committee	(Also Complete Part 7)			ZWI ZWI	ÞΨ	VE
3. Committee Information	I.D. NUMBER 13390966	Treasurer(s)		A M	12	n
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2020	(ттее)	NAME OF TREASURER Trent Benedetti		ARIA	49	
		MAILING ADDRESS	[0]			
STREET ADDRESS (NO PO BOX)		0	STATE	ZIP CODE	AREA CODE/PHONE	(3)
2151 S College Dr Ste 101		Santa Maria	đ	93455	(805)922-4881	
CITY STATE 2	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY			1
Santa Maria	93455 (805) 922-4881					352
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	P.O. BOX	MAILING ADDRESS				

#### 4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

CITY

AREA CODE/PHONE

ZIP CODE

STATE

CIT

OPTIONAL: FAX / E-MAIL ADDRESS

S/Secretary	Signature of Treasurer or Assistant Treasurer  Signature of Treasurer or Assistant Treasurer	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  B.v.	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proportent
つらから	Secured on Tay Date	Executed on Date	Executed on Date	Executed on Date

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

#### Recipient Committee Campaign Statement Cover Page — Part 2

SALIFORNIA 460 FORM	age 2 of 7
CAL	Page

5. Officeholder or Candidate Controlled Committee	6. Primarily Formed	Primarily Formed Ballot Measure Committee	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	JRE		
Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Mamber	BALLOT NO. OR LETTER	JURISDICTION	2	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP				
1324 Ruby Ct. Santa Maria CA 93454	Identify the controll	ing officeholder, canc	Identify the controlling officeholder, candidate, or state measure proponent, if any.	proponent, if any.
mittees Not Included in this Statement: Tisteny comm	NAME OF OFFICEHOLD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	PONENT	
a	OFFICE SOUGHT OR HELD	נרם	DISTRICT NO. IF ANY	. IF ANY
COMMITTEE NAME 1.D. NUMBER				
NAME OF TREASURER  CONTROLLED COMMITTEE?	7. Primarily Formed officeholder(s) or can	Candidate/Office   Sidate(s) for which this	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	NAME OF OFFICEHOLDER OR CANDIDATE	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER  CONTROLLED COMMITTEE?  TYES   NO	NAME OF OFFICEHOLDER OR CANDIDATE	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE AREA CODE/PHONE		Attach continuation	Attach continuation sheets if necessary	

Campaign Disclosure Statement	Amour
summary rage	\$

SUMMARY PAGE CALIFORNIA 460 of 7 Page 3 Statement covers period 09/25/2016 10/22/2016 through from unts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	10/27/2018	rage or
NAME OF FILER				I.D. NUMBER
Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary ContributionsSchedule A, Line 3	\$ 0.00	\$ 11,500.00	General Elections	113 1/1 through 6/30 7/1 to Date
SUTIONS	\$ 11,500.00	\$ 11,525.00	20. Contributions Received	φ.
Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED	\$ 11,500.00	\$ 11,525.00	21. Expenditures Made	99
Expenditures Made 6. Payments Made	3,358.65	\$ 1,358.65	Expenditure Limit Summary for State Candidates	Summary for State
Loans MadeSchedule H, Line 3 SUBTOTAL CASH PAYMENTS	0.00	0.00	22. Cumulativ	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-1,24	74	Date of Election	Total to Date
10. Nonmonetary Adjustment	\$ 113.65	1,358.65		\$
Current Cash Statement			, ,	₩ ₩
Current Cash Statement  12. Beginning Cash Balance	\$ 11,500.00  11,358.65  \$ 10,166.35  \$ 0.00  \$ 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
				FPPC Form 460 (Jan/2016)

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

Statement covers period CAI from 09/25/2016 hrough 10/22/2016 Pag

7

1390966

SCHEDULE A

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Mike Cordero for Council 2020

PER ELECTION TO DATE (IF REQUIRED)	G2016 \$10,000.00	G2016 \$1,500.00			
CUMULATIVE TO DATE CALENDAR YEAR (JAN::1 - DEC. 31)	10,000.00 G2016	1,500.00 G2016	0		
AMOUNT RECEIVED THIS PERIOD	10,000.00	1,500.00			
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)					
CONTRIBUTOR CODE *	IND COM OTH SCC	IND IND OTH SCC	IND COM OTH PTY	IND   COM   OTH   PTY	IND COM OTH PTY
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	SEIU Local 620 114 Vine Street Santa Maria, CA 93454	Grow Elect (ID# 1342160) 1022 G St Ste B Sacramento, CA 95814			
DATE	10/05/2016	10/19/2016			

# Schedule A Summary

- (Include all Schedule A subtotals.) 1. Amount received this period – itemized monetary contributions.
- \$ 2. Amount received this period – unitemized monetary contributions of less than \$100
  - (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......TOTAL \$. 3. Total monetary contributions received this period.

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

0.00

11,500.00

11,500.00

**SUBTOTAL**\$

11,500.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Payments Made Schedule E

Amounts may be rounded to whole dollars.

7 ğ CALIFORNIA FORM I.D. NUMBER Page 5 1390966 Statement covers period 09/25/2016 10/22/2016 through from

SCHEDULE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

meetings and appearances member communications campaign paraphernalia/misc campaign consultants OMP O CNS

Mike Cordero for Council 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

contribution (explain nonmonetary)\* civic donations

candidate filing/ballot fees fundraising events > = 문

independent expenditure supporting/opposing others (explain)\* ₽ <sup>©</sup>

campaign literature and mailings legal defense

radio airtime and production costs returned contributions

campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

postage, delivery and messenger services professional services (legal, accounting)

print ads

polling and survey research

petition circulating office expenses phone banks

information technology costs (internet, e-mail) voter registration

1,245.00 AMOUNT PAID DESCRIPTION OF PAYMENT paid for yard signs SR. CODE CMP NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) 93454 1342 Ruby Ct. Santa Maria, CA Linda Cordero

# Ġ \* Payments that are contributions or independent expenditures must also be summarized on Schedule

**SUBTOTAL**\$

1,245.00

# Schedule E Summary

- 1,245.00 113.65 S 6 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100
- 0.00 6 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....
- 1,358.65

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov SCHEDULEF

## Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

á CALIFORNIA FORM Page 6 Statement covers period 09/25/2016 through 10/22/2016 from

\_ I.D. NUMBER 1390966 Mike Cordero for Council 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

00.0 OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) t.v. or cable airtime and production costs 1,245.00\$ staff/spouse travel, lodging, and meals 1,245.00 (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) candidate travel, lodging, and meals radio airtime and production costs describe the payment campaign workers' salaries returned contributions voter registration 0.00\$ 00.0 AMOUNT INCURRED THIS PERIOD 2 payment, you may enter the code. Otherwise, RAD SAL VOT WEB 톲 压陀 1,245.00\$ 1,245.00 OUTSTANDING BALANCE BEGINNING OF THIS PERIOD postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications **SUBTOTALS \$** DESCRIPTION OF PAYMENT petition circulating office expenses CMP paid for yard signs phone banks CODE OR print ads If one of the following codes accurately describes the 8 = F 50 5 F \* Payments that are contributions or independent expenditures must also be independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER) contribution (explain nonmonetary)\* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees 93454 campaign consultants summarized on Schedule D. fundraising events civic donations 1342 Ruby Ct. Santa Maria, CA legal defense Linda Cordero CODES: O. CTB S <del>|</del> | 2 <u>₽</u> ÿ

## Schedule F Summary

INCURRED TOTALS \$ accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)............. 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

00.0

1,245.00

- PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .... Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- on the Summary Page, Column A, Line 9.) ——1,245.00 ——1,245.00 May be a negative number 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

www.fppc.ca.gov FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016)

### Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

SCHEDULEG 7 ₽ CALIFORNIA FORM I.D. NUMBER Page 7 1390966 Statement covers period through 10/22/2016 09/25/2016 from\_

> NAME OF AGENT OR INDEPENDENT CONTRACTOR Mike Cordero for Council 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Linda Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

campaign paraphernalia/misc. O.

campaign consultants

contribution (explain nonmonetary)\* civic donations CTB

candidate filing/ballot fees

fundraising events 2

independent expenditure supporting/opposing others (explain)\* legal defense

campaign literature and mailings

polling and survey research petition circulating office expenses phone banks

meetings and appearances

member communications

postage, delivery and messenger services professional services (legal, accounting) print ads MAG PET PET SER

transfer between committees of the same candidate/sponsor campaign workers' salaries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions RAD SAL TRC TRS VOT WEB

radio airtime and production costs

information technology costs (internet, e-mail) voter registration

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GSP Graphic Screenprinting Production, Inc.\ 1804 Afton Street Houston, TX 77055	CMP			1,245.00
	_			
Attach additional information on appropriately labeled continuation sheets.			.01	TOTAL* \$ 1,245.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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COVER PAGE

CALIFORNIA

Date Stamp

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<b>Acipier</b>	ampaign	Sover

FORM	Pane 1 of 5	For Official Use Only	
	Date of election if applicable:	(Month, Day, Year)	11/03/2020
	Statement covers period	from 01/01/2016	through 09/24/2016
Covernment Code Sections 84200-84216.5)			EE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	ttees – Complete Part	is 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     (Also Complete Part 5)     General Purpose Committee     Sponsored	Primarily Former Committee Controlled Sponsored (Also Complete Part 6)	Primarily Formed Ballot Measure Committee Comprolled Sponsored (Also Complete Part 6) Primarily Formed Candidate/	Semi-annual Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termination)     Amendment (Explain below)		Quarterly Statement     Special Odd-Year Report     Supplemental Preelection     Statement - Attach Form-495	Report lection
Small Contributor Committee     Political Party/Central Committee	Officeholder Con (Also Complete Part 7)	Officeholder Committee (Also Complete Part 7)	The state of the s		Y OF	RE UL 3
3. Committee Information	I.D. NUMBER 1390966		Treasurer(s)		ER⊧ SA	CE 1
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Condang for Council 2020	VMITTEE)		NAME OF TREASURER		ľS NT#	V  P
			Trent Benedetti		0	E
			MAILING ADDRESS		FF	12
			2151 S College Dr Ste 101		IC AR	4
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE TI	ARE CODE/PHONE
2151 S College Dr Ste 101			Santa Maria	G.	93455	(805)922-4881
CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Santa Maria CA	93455	(805)922-4881				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	OR P.O. BOX		MAILING ADDRESS			
CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS			

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjuny under the laws of the State of California that the foregoing is true and correct.

A CONTROL OF THE PARTY OF THE P	AN Resurer or Assistan Treasurer Assistan Treasurer	Signature of Controlling Officeholder, Candidate, State Measure Proportett or Responsible !	Signature of Controlling Officeholder, Candidate, State Measure Proponent Rv	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Executed on 7. A. C. 17	Date Date	Date Date	Date

e, State Measure Proponent or Responsible Officer of Sponsor holder, Candidale, State Measure Proponent asurer or Assistant Treasurer

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Recipient Committee Campaign Statement Cover

Recipient Committee Campaign Statement Cover Page — Part 2				CALIFORNIA 460	460
				Page 2	of5
5. Officeholder or Candidate Controlled Committee	.6	Primarily Formed Ballot Measure Committee	Measure Commit	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero ÖFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A City Council Member	MBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
INESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any	eholder, candidate, o	or state measure pro	ponent, if any.
1324 Ruby Ct. Santa Maria	Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	lent: List any committees primarily formed to receive cy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	λN
COMMITTEE NAME [LD.	I.D. NUMBER				
NAME OF TREASURER CO	CONTROLLED COMMITTEE?  7.	. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	idate/Officeholder for which this committ	r Committee List r	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	]	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE	AREA CODE/PHONE	Attaci	Attach continuation sheets if necessary	s if necessary	

n Disclosure Statement	r Page
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Amounts may be rounded to whole dollars.

01/01/2016 FORM 09/24/2016 Page 3 of	Statem	Statement covers period	CALIFORNIA ARD
09/24/2016 Page 3 of	from	01/01/2016	
	through	09/24/2016	3 of _

through 09/24/2016 Page 3 of 5	I,D. NUMBER	1390966	Column B Calendar Year Summary for Candidates  CALENDARYER Running in Both the State Primary and General Elections	\$ 0.00 1/1 through 6/30 7/1 to Date	\$ 25.00 Received \$ \$	rres \$	Expenditure Limit Summary for State  Candidates	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	1, 245.00 Date of Election Total to Date (mm/dd/yy)	\$ 1,245.00	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative from the sould be subtracted from previous sould be sould be subtracted from previous amounts.		any).	FPPC Form 460 (Jan/2016)
			Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	0.00	25.00	0.00	00.0	0.00	1,245.00	1,245.00		\$ 0.00 0.00 0.00 0.00	\$	\$ 0.00	
SEE INSTRUCTIONS ON REVERSE	NAME OF FILER	Mike Cordero for Council 2020	Contributions Received	Monetary Contributions	Loans Received	4. Nonmonetary Contributions	Expenditures Made 6. Payments Made	7. Loans Made	9. Accrued Expenses (Unpaid Bills)	11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10 \$	Current Cash Statement	ash Schools Summary Page, Line 16  ash Column A, Line 3 above  ash Schedule I, Line 4  Column A, Line 8 above  Add Lines 12 + 13 + 14, then subtract Line 15	thedule B, Part 2	Cash Equivalents and Outstanding Debts  18. Cash Equivalents  10. Outstanding Debts	Odistanting Debts

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SCHEDULE B - PART 1

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Schedule B – Part 1	Ашс	Amounts may be rounded	nnded		Statement covers period	rs period	CALIEDENI	
Loans Received		to whole dollars,		<u> </u>	from 01/01	01/01/2016	FORM 400	400
SEE INSTRUCTIONS ON REVERSE					through 09/24	09/24/2016	Page 4	of5
NAME OF FILER							I.D. NUMBER	
Mike Cordero for Council 2020							1390966	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				□ PAID				CALENDAR YEAR
				\$	<i>ω</i>	RATE	69	\$ PER ELECTION**
TO THE COM OTH PTY SCC		<u> </u>	<u></u>	9	DATE DUE	69	DATE INCURRED	ω
				□ PAID				CALENDAR YEAR
				\$   FORGIVEN	(A)	RATE	49	S PER ELECTION **
TO IND COM OTH PTY SCC		<u> </u>	ω	- - - -	DATE DUE	\$	DATE INCURRED	
				□ PAID				CALENDAR YEAR
				\$	69	RATE %	€9	\$ PER ELECTION **

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<ol><li>Net change this period. (Subtract Line 2 from Line 1.)</li></ol>	Enter the net here and on the Summary Page, Column A, Line 2.	*Amounts forgiven or paid by another party also must be reported on Schedule A.
Net change this period.	Enter the net here and	Amounts forgiven or paid by
ണ്	ų,	(*_

IND—Individual
COM—Recipient Committee
COM—Other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

25.00 (May be a negative number)

**Contributor Codes** 

00.0

8

(Enter (e) on Schedule E, Line 3)

4

49

₩

SUBTOTALS \$

⊃ scc

□ PT

□ COM □ OTH

dN □

DATE INCURRED

DATEDUE

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\*\* If required.

SCHEDULEF

## Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period FORNIA 46 from 01/01/2016 FORM FORM 16 FORM 1.D. NUMBER

I.D. NUMBER 1390966 Mike Cordero for Council 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1,245.00 1,245.00 OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD transfer between committees of the same candidate/sponsor Ð information technology costs (internet, e-mail) t.v. or cable airlime and production costs \$00.0 00.0 staff/spouse travel, lodging, and meals (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) candidate travel, lodging, and meals radio airtime and production costs payment, you may enter the code. Otherwise, describe the payment. campaign workers' salaries returned contributions voter registration 1,245.00\$ AMOUNT INCURRED THIS PERIOD VOT Z ₹ E 동 \$00.0 OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications **SUBTOTALS** \$ CODE OR DESCRIPTION OF PAYMENT petition circulating office expenses CMP paid for yard signs phone banks print ads CODES: If one of the following codes accurately describes the MTG 웊 운듄 5 8 8 E \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER) contribution (explain nonmonetary)\* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees 93454 campaign consultants fundraising events civic donations Santa Maria, CA legal defense Linda Cordero 1342 Ruby Ct. O. S S S 문문 SNS

# Schedule F Summary

- 1,245.00 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on ri

00.0

NET \$ 1,245.00 May be a negative rumber 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .......

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